## School-Based Behavioral Health Screening Initiative Model Notice & Consent Form

The [School District] strives to enhance the health and well being of every student and to help them be successful in school. For this reason, [School District] is participating in the School-Based Behavioral Health Screening Initiative. This screening will help schools identify risk factors and barriers to learning associated with behavioral health challenges which are known to reduce the likelihood of student success in school.

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, is a federal law that requires [School District] to notify you and either obtain consent or allow you to opt your child out of participating in certain school activities if they are funded in whole or in part by the U.S. Department of Education. The PPRA only requires a school district to provide notice and an opportunity for the parent/caregiver to opt the student out of participation of a similar survey or evaluation if the project is not funded by the U.S. Department of Education. These activities include a student survey, analysis, or tool, like the GAIN-SS, a brief behavioral health screening instrument.

**Notice:** Though the School-Based Behavioral Health Screening Initiative is not funded by the U.S. Department of Education, due to the nature of the information that may be collected, the **[School District]** wants to provide parent/caregivers with information about the intiative so parent/caregivers can make an informed decision about their child's participation. Championed by First Lady of the Commonwealth, Jane Beshear, and the Kentucky Office of the Attorney General, the goal of the School-Based Behavioral Health Screening Initiative is to identify and intervene early with students at risk for or already exhibiting behavioral health problems.

The [School District] is providing parent/caregivers, within a reasonable period of time prior to the administration of the GAIN-SS, this notification of the screening, and an opportunity to review the screening instirment itself. (Please note that this notice and consent authority transfers from parent/caregivers to any student who is 18 years old or an emancipated minor under State law.)

After a student participates in the screening process, the [School District] shall share with parent/caregivers their student's results and provide guidance on any recommended follow-up evaluation or other steps deemed appropriate.

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Consent: A parent/caregiver must sign and return this consent form no later than [insert return date] so that the child may participate in this activity.

If you, a parent/caregiver of a student selected for participation in the School-Based Behavioral Health Screening Initiative, wish to review the GAIN-SS or instructional material used in connection with the Initiative, please submit a request to [school official, address]. [School official] will notify you of the time and place where you may review these materials. You have the right to review the GAIN-SS and/or instructional materials before the screening is conducted.

I [parent/caregiver's name] give my consent for [student's name] to complete the GAIN-SS on or about [date screener is to be administered].

I understand that the cost of any assessment, evaluation and/or treatment resulting from a referral by the district based on the results of the GAIN-SS will most likely be the responsibility of the family, not the school district.

Parent/caregiver's signature

Please return this form no later than [insert date] to the following school official: [Name and Mailing Address]